

PALMER CENTER

3023 SOUTH 84TH STREET

WEST ALLIS 53227

Phone:(414) 607-4100

Ownership:

Non-Profit Corporation

Operated from 1/1 To 12/31 Days of Operation: 365

Highest Level License:

Skilled

Operate in Conjunction with Hospital? No

Operate in Conjunction with CBRF? No

Number of Beds Set Up and Staffed (12/31/02): 10

Title 18 (Medicare) Certified? No

Total Licensed Bed Capacity (12/31/02): 20

Title 19 (Medicaid) Certified? Yes

Number of Residents on 12/31/02: 6

Average Daily Census: 9

Services Provided to Non-Residents	Age, Sex, and Primary Diagnosis of Residents (12/31/02)	Length of Stay (12/31/02)	%
Home Health Care	No Primary Diagnosis % Age Groups %	Less Than 1 Year	100.0
Supp. Home Care-Personal Care	No ----- -----	1 - 4 Years	0.0
Supp. Home Care-Household Services	No Developmental Disabilities 0.0 Under 65 16.7	More Than 4 Years	0.0
Day Services	No Mental Illness (Org./Psy) 0.0 65 - 74 33.3	-----	-----
Respite Care	No Mental Illness (Other) 0.0 75 - 84 33.3		100.0
Adult Day Care	No Alcohol & Other Drug Abuse 0.0 85 - 94 16.7	*****	*****
Adult Day Health Care	No Para-, Quadra-, Hemiplegic 0.0 95 & Over 0.0	Full-Time Equivalent	
Congregate Meals	No Cancer 0.0 -----	Nursing Staff per 100 Residents	
Home Delivered Meals	No Fractures 0.0 100.0	(12/31/02)	
Other Meals	No Cardiovascular 0.0 65 & Over 83.3	-----	-----
Transportation	No Cerebrovascular 0.0 -----	RNs	112.3
Referral Service	No Diabetes 0.0 Sex %	LPNs	23.3
Other Services	No Respiratory 100.0 -----	Nursing Assistants,	
Provide Day Programming for Mentally Ill	No Other Medical Conditions 0.0 Male 100.0	Aides, & Orderlies	100.0
Provide Day Programming for Developmentally Disabled	No 100.0 Female 0.0		
			100.0

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi-dents	% Of All	
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Ventilator-Dependent	0	0.0	0	6	100.0	350	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	100.0	
Total	0	0.0		6	100.0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02					
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		Activities of	%	% Needing Assistance of	% Totally	Total	
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents	
Percent Admissions from:							
Private Home/No Home Health	0.0					6	
Private Home/With Home Health	0.0	Bathing	0.0	0.0	100.0	6	
Other Nursing Homes	4.0	Dressing	0.0	100.0	0.0	6	
Acute Care Hospitals	96.0	Transferring	0.0	0.0	100.0	6	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	0.0	0.0	100.0	6	
Rehabilitation Hospitals	0.0	Eating	0.0	16.7	83.3	6	
Other Locations	0.0	*****					
Total Number of Admissions	25	Continence		%		%	
Percent Discharges To:		Indwelling Or External Catheter		100.0		Receiving Respiratory Care	100.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder		16.7		Receiving Tracheostomy Care	100.0
Private Home/With Home Health	12.0	Occ/Freq. Incontinent of Bowel		100.0		Receiving Suctioning	100.0
Other Nursing Homes	4.0					Receiving Ostomy Care	0.0
Acute Care Hospitals	56.0	Mobility				Receiving Tube Feeding	100.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.0		Receiving Mechanically Altered Diets	16.7
Rehabilitation Hospitals	0.0					Other Resident Characteristics	
Other Locations	0.0	Skin Care				Have Advance Directives	83.3
Deaths	28.0	With Pressure Sores		66.7		Medications	
Total Number of Discharges (Including Deaths)	25	With Rashes		0.0		Receiving Psychoactive Drugs	16.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership:		Bed Size:		Licensure:		All Facilities	
		Nonprofit Peer Group %	Ratio	Under 50 Peer Group %	Ratio	Skilled Peer Group %	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	45.0	85.6	0.53	71.9	0.63	84.2	0.53	85.1	0.53
Current Residents from In-County	66.7	88.1	0.76	77.5	0.86	85.3	0.78	76.6	0.87
Admissions from In-County, Still Residing	16.0	23.6	0.68	30.6	0.52	21.0	0.76	20.3	0.79
Admissions/Average Daily Census	277.8	134.2	2.07	106.0	2.62	153.9	1.80	133.4	2.08
Discharges/Average Daily Census	277.8	140.2	1.98	100.7	2.76	156.0	1.78	135.3	2.05
Discharges To Private Residence/Average Daily Census	33.3	46.8	0.71	15.9	2.10	56.3	0.59	56.6	0.59
Residents Receiving Skilled Care	0.0	90.1	0.00	69.5	0.00	91.6	0.00	86.3	0.00
Residents Aged 65 and Older	83.3	96.3	0.87	90.1	0.93	91.5	0.91	87.7	0.95
Title 19 (Medicaid) Funded Residents	100	52.8	1.89	60.3	1.66	60.8	1.64	67.5	1.48
Private Pay Funded Residents	0.0	34.8	0.00	37.1	0.00	23.4	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	0.6	0.00	0.0	.	0.8	0.00	7.1	0.00
Mentally Ill Residents	0.0	35.2	0.00	41.1	0.00	32.8	0.00	33.3	0.00
General Medical Service Residents	0.0	23.7	0.00	19.9	0.00	23.3	0.00	20.5	0.00
Impaired ADL (Mean)	90.0	50.5	1.78	48.7	1.85	51.0	1.76	49.3	1.83
Psychological Problems	16.7	54.7	0.30	56.3	0.30	53.9	0.31	54.0	0.31
Nursing Care Required (Mean)	60.4	7.2	8.39	6.7	9.01	7.2	8.40	7.2	8.39